

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. <b>9043MXL</b>	
	First Inventor <b>David Vincent Zyzak, et al.</b>	
	Assignee	<b>The Procter &amp; Gamble Company</b>
	Title	<b>METHOD FOR REDUCING ACRYLAMIDE IN FOODS, FOODS HAVING REDUCED LEVELS OF ACRYLAMIDE AND ARTICLE OF COMMERCE</b>
	Express Mail Label No.	<b>EF208705885US</b>

17507 U.S. PAT. & TM. OFF. 10/606137  
 86/25/03

<b>APPLICATION ELEMENTS</b> See MPEP Chapter 600 concerning utility patent application contents.	<b>Mail Stop Patent Application</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2. ☒ Specification Total Pages [36]  
(preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☒ Drawing(s) (35 USC §113) Total Sheets [3]

4. Oath or Declaration Total pages [2]

a. ☒ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 CFR §1.63(d))  
(for continuation/divisional with Box 17 complete)

i. ☐ **DELETION OF INVENTORS**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).

5. ☐ Application Data Sheet. See 37 CFR §1.76

6. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ Paper

c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449/SB08 Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 16. <input type="checkbox"/> Other: .....

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 1

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number	(Insert Customer No. here) 27752

Name (Print/Type)	Melody A. Jones	Registration No. (Attorney/Agent)	44,175
Signature	<i>Melody Jones</i>	Date	6/25/03

+ Burden Hour Statement: This form is estimated to take 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

## Complete if Known

Application Number	Unknown
Confirmation Number	Unknown
Filing Date	June 25, 2003
First Named Inventor	David Vincent Zyzak, et al.
Examiner Name	Unknown
Group/Art Unit	Unknown
Attorney Docket No.	9043MXL

TOTAL AMOUNT OF PAYMENT (\$2,130.00)

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter &amp; Gamble Company

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

## FEE CALCULATION

## 1. BASIC FILING FEE - Large Entity

Code (\$)	Fee Description	Fee Paid
1001 750	Utility filing fee	<input checked="" type="checkbox"/>
1002 330	Design filing fee	<input type="checkbox"/>
1004 750	Reissue filing fee	<input type="checkbox"/>
1005 160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$)[750]

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

	Extra Claims	Fee from Below	Fee Paid
Total Claims	[50] - 20** = [30] x	[18]	= [540]

Independent Claims [13] - 3\*\* = [10] x [84] = [840]

Multiple Dependent [0] = [0]

\*\* or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
1202 18	Claims in excess of 20
1201 84	Independent claims in excess of 3
1203 280	Multiple dependent claim, if not paid
1204 84	**Reissue independent claims over original patent
1205 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)[1380]

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Code (\$)	Fee Description	Fee Paid
1051 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053 130	Non-English specification	<input type="checkbox"/>
1812 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251 110	Extension for reply within 1 <sup>st</sup> month	<input type="checkbox"/>
1252 410	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/>
1253 930	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>
1254 1,450	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>
1255 1,970	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>
1401 320	Notice of Appeal	<input type="checkbox"/>
1402 320	Filing a brief in support of an appeal	<input type="checkbox"/>
1403 280	Request for oral hearing	<input type="checkbox"/>
1451 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452 110	Petition to revive - unavoidable	<input type="checkbox"/>
1453 1,300	Petition to revive - unintentional	<input type="checkbox"/>
1501 1,300	Utility issue fee (or reissue)	<input type="checkbox"/>
1502 470	Design issue fee	<input type="checkbox"/>
1460 130	Petitions to the Commissioner	<input type="checkbox"/>
1807 50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
1806 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809 750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810 750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801 750	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802 900	Request for expedited examination of a design application	<input type="checkbox"/>
1454 1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
	Other fee (specify) _____	<input type="checkbox"/>
	Other fee (specify) _____	<input type="checkbox"/>

\* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$)[0]

## SUBMITTED BY

Name (Print/Type)

Melody A. Jones

Registration No.

44,175

## Complete (if applicable)

Telephone

(513) 634-6944

Signature

Date

6/25/03

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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